

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Radiology Association PAC

ADDRESS (number and street)

1891 Preston White Drive

☐ Check if different than previously reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Taxin MD

Signature of Treasurer

Richard Taxin MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 18 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div>		<div>980643.48</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>900785.55</div>	
(c) Total Receipts (from Line 19) .....	<div>134906.24</div>	<div>847733.88</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>1035691.79</div>	<div>1828377.36</div>
7. Total Disbursements (from Line 31).....	<div>200430.23</div>	<div>993115.80</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>835261.56</div>	<div>835261.56</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
06 01 2014

To:

M M / D D / Y Y Y Y  
06 30 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

125873.54

737408.87

(ii) Unitemized .....

9032.70

100325.01

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

134906.24

837733.88

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

134906.24

837733.88

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

10000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

134906.24

847733.88

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

134906.24

847733.88

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	6502.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	6502.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	177514.67	577487.19
24. Independent Expenditures (use Schedule E) .....	22915.56	409126.32
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	200430.23	993115.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	200430.23	993115.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	134906.24	837733.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	134906.24	837733.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	6502.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	6502.29

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 161

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ellen L Abeln**

Mailing Address 9 Blue Jay Ln

City

Saint Paul

State

MN

Zip Code

55127-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2761498**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Darshan J Acharya MD**

Mailing Address 2200 12th Ct N Apt 600

City

Arlington

State

VA

Zip Code

22201-6513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Radiology Associates PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

**Transaction ID : C2754224**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Deborah Gould Agisim**

Mailing Address 5600 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2014

**Transaction ID : C2781792**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

590.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Harry Agress JR**

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

06 / 12 / 2014

Transaction ID : C2761899

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Harry Agress JR**

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

06 / 26 / 2014

Transaction ID : C2782648

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**C. Sadri M Akin**

Mailing Address 14 La Sierra Dr

City Pomona State CA Zip Code 91766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2014

Transaction ID : C2782663

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

296.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Arthur S Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : C2761900

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

B. Arthur S Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : C2782649

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

C. John L Alfieri

Mailing Address 500 New Britain Dr

City

Lynchburg

State

VA

Zip Code

24503-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : C2761563

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

396.14

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 161

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Gary Edwin Allen**

Mailing Address 205 Sologne Ct

City

Little Rock

State

AR

Zip Code

72223-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : C2761462

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael B Alpern**

Mailing Address 11153 E Rosemary Ln

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Lincoln health network

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2014

Transaction ID : C2757129

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark David Alson**

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2014

Transaction ID : C2782664

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mark David Alson**

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764046

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Christopher L Ananian MD**

Mailing Address 1 Pierson Pl

City

Hopewell

State

NJ

Zip Code

08525-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2761828

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**C. Caryn Cockerill Anderson**

Mailing Address 6625 Westminster Dr

City

Zionsville

State

IN

Zip Code

46077-7305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Marys Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761577

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

935.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas A Applewhite**

Mailing Address 13074 Starbuck Rd

City

Saint Louis

State

MO

Zip Code

63141-8544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West County Radiological Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : C2761878**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Jose L Arbona**

Mailing Address 11403 Cat Spgs

City

Boerne

State

TX

Zip Code

78006-8487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of San Antonio

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : C2771284**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Peter Douglas Arfken**

Mailing Address 12662 Devon Ln

City

Carmel

State

IN

Zip Code

46032-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Radiology Network

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : C2761578**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Raymond Alton Armstrong

Mailing Address Radiology of Huntsville

2006 Franklin St SE Ste 200

City

Huntsville

State

AL

Zip Code

35801-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Medical Ctr-Montclair

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : C2750945

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David A Asinger

Mailing Address 11330 Parkside Trl

City

Maple Grove

State

MN

Zip Code

55369-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761499

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew E Auber

Mailing Address 10 Sheffield Park Dr

City

San Antonio

State

TX

Zip Code

78209-8307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of San Antonio, P

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : C2771285

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Leyla Mohassessy Azmoun

Mailing Address 7223 N Chris Ave

City

Fresno

State

CA

Zip Code

93720-0312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates Medical Grou

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : C2782665

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Gregory Baden

Mailing Address 9 Germay Ct

City

Little Rock

State

AR

Zip Code

72223-5520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : C2761463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edward R Bartley

Mailing Address Northwest Radiology Network  
5901 Technology Center Dr

City

Indianapolis

State

IN

Zip Code

46278-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Rad Network

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761580

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Howard Marshall Bear**

Mailing Address 4931 Pearlman Way

City

San Diego

State

CA

Zip Code

92130-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Diego Imaging Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2014

Transaction ID : C2750881

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mark Henry Bechtel**Mailing Address Suburban Radiologic Consultants  
4801 W 81st St Ste 108

City

Minneapolis

State

MN

Zip Code

55437-1191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Wisconsin Hosp &amp; Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761500

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Curt L Behrns MD**

Mailing Address 17668 63rd PI N

City

Maple Grove

State

MN

Zip Code

55311-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761501

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas C Bell**

Mailing Address Radiology of Huntsville, PC  
2006 Franklin St SE Ste 200

City Huntsville State AL Zip Code 35801-4537

FEC ID number of contributing federal political committee.

C

Name of Employer

Radiology of Huntsville

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

Transaction ID : C2753876

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Eric Eugene Beltz MD**

Mailing Address 2987 Cameo Dr

City Carmel State IN Zip Code 46032-9313

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761584

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Homer F Beltz**

Mailing Address Northwest Radiology Network  
5901 Technology Center Dr

City Indianapolis State IN Zip Code 46278-6013

FEC ID number of contributing federal political committee.

C

Name of Employer

Northwest Radiology Network PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761585

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 161

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Peter Vincent Berardo**

Mailing Address 3 Carriage Hls

City

San Antonio

State

TX

Zip Code

78257-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of San Antonio, P

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

Transaction ID : C2771286

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert B Berger**

Mailing Address 16 Coppervail Ct

City

Princeton

State

NJ

Zip Code

08540-7714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

Transaction ID : C2761830

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**C. Kenneth G Berkenstock**

Mailing Address Lancaster Radiology Associates

PO Box 3555

City

Lancaster

State

PA

Zip Code

17604-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Radiation Oncologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

Transaction ID : C2761861

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1444.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 161  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy Andrew Bernauer**

Mailing Address 13 Pintail Pl

City

Appleton

State

WI

Zip Code

54913-8068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : C2755913**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Alfred James Beyer III**

Mailing Address 5201 Trent Woods Dr

City

Trent Woods

State

NC

Zip Code

28562-7441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : C2761853**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. Aaron Joseph Binstock**

Mailing Address 17233 74th Pl N

City

Maple Grove

State

MN

Zip Code

55311-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : C2761502**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

790.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Adam Russell Bogomol**

Mailing Address 200 W 72nd St  
Apt 11K

City State Zip Code  
New York NY 10023-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

**Transaction ID : C2761913**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Adam Russell Bogomol**

Mailing Address 200 W 72nd St  
Apt 11K

City State Zip Code  
New York NY 10023-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : C2782662**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**C. Nicole Mercer Bolton MD**

Mailing Address Regional Diagnostic Radiology  
1990 Connecticut Ave S Ste 100

City State Zip Code  
Sartell MN 56377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : C2761573**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jody Alison Bolton Smith**

Mailing Address 1523 Cougar Ln

City  
Sartell

State  
MN

Zip Code  
56377-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Diagnostic Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2014

**Transaction ID : C2761565**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Rex Brace**

Mailing Address 3917 Shady Oak Rd

City

Minnetonka

State

MN

Zip Code

55305-5105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Minnesota School of Medi

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761503**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Hamilton Brannon**

Mailing Address 114 Holland Trace Cir

City

Simpsonville

State

SC

Zip Code

29681-5869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2745439**

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1042.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 161  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Margaret A Brengle**

Mailing Address 16465 Cyprian Cir

City

Westfield

State

IN

Zip Code

46074-8782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RSI

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761586

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Eric L Bressler**

Mailing Address 2465 Crowne Hill Road

City

Minnetonka

State

MN

Zip Code

55305-2258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761505

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Bryan J Brindley**

Mailing Address 1726 Blackberry Cir

City

Sartell

State

MN

Zip Code

56377-4524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Diagnostic Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2014

Transaction ID : C2761566

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 161

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Marion B Brody MD**

Mailing Address 1346 Garden Rd

City

Wynnewood

State

PA

Zip Code

19096-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Chase Cancer Center

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : C2767188**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas Andrew Brooks**

Mailing Address 1930 Pickering Trl

City

Lancaster

State

PA

Zip Code

17601-4972

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

**Transaction ID : C2761862**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**c. Joseph Benjamin Broudy MD**

Mailing Address 271 S Van Pelt St Apt B

City

Philadelphia

State

PA

Zip Code

19103-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lourdes Imaging Associates

Occupation

Diagnostic and Interventional Radiolog

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

273.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : C2755911**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

315.42

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 161  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Joel A Budin**

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.51

Date of Receipt

06 / 12 / 2014

Transaction ID : C2761890

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**B. Joel A Budin**

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.51

Date of Receipt

06 / 26 / 2014

Transaction ID : C2782639

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**C. Samuel J Buff**

Mailing Address Coastal Radiology  
Box 12065

City

New Bern

State

NC

Zip Code

28561-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2761854

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

99.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Eric Matthew Bugaieski**

Mailing Address Children's Hosp/St Francis Med  
530 NE Glen Oak Ave

City State Zip Code  
Peoria IL 61637-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Illinois Radiological Associat

Occupation  
Pediatric Radiologist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : C2754208**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Holly J Burge**

Mailing Address 14248 Wyndfield Circle

City State Zip Code  
Raleigh NC 27615-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : C2761422**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**c. Gilberto Cadavid**

Mailing Address 5 Camden Oaks

City State Zip Code  
San Antonio TX 78248-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of San Antonio

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : C2771287**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1410.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Christina Marie Chaconas**

Mailing Address 3908 Foxcroft Rd

City

Charlotte

State

NC

Zip Code

28211-3757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2761642**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**B. Mark Aaron Chambers MD**

Mailing Address 1005 Des Peres Woods Ct

City

Des Peres

State

MO

Zip Code

63131-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West County Radiological Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

**Transaction ID : C2761879**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**c. C Peter Chang**

Mailing Address 7113 Fairway Vista Dr

City

Charlotte

State

NC

Zip Code

28226-6870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2761643**

Amount of Each Receipt this Period

336.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

747.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 25 OF 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jugesh Inder Cheema**

Mailing Address 2466 Oak Bend Pl

City

Newburgh

State

IN

Zip Code

47630-8168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 21 / 2014

Transaction ID : C2781791

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Regina Wong Chu**

Mailing Address 15 Ogle Rd

City

Old Tappan

State

NJ

Zip Code

07675-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.51

Date of Receipt

06 / 12 / 2014

Transaction ID : C2761891

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**C. Regina Wong Chu**

Mailing Address 15 Ogle Rd

City

Old Tappan

State

NJ

Zip Code

07675-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.51

Date of Receipt

06 / 26 / 2014

Transaction ID : C2782640

Amount of Each Receipt this Period

9.61

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

94.22

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jane Clayton**

Mailing Address 1342 Ocean Dr

City

Metairie

State

LA

Zip Code

70005-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSU Medical Center

Occupation

Diagnostic Radiologist

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

**Transaction ID : C2757126**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jonathan Daniel Clemente**

Mailing Address 1620 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : C2761644**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**C. George Glenn Coates**Mailing Address Wake Radiology & Consultants  
PO Box 19368

City

Raleigh

State

NC

Zip Code

27619-9368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology &amp; Consultants

Occupation

Diagnostic Radiologist

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	4

**Transaction ID : C2761424**

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

996.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Karen A Coates

Mailing Address 106 Baybrook Ct

City State Zip Code  
 Cary NC 27518-9422

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Wake Radiology Consultants, P.A.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

Transaction ID : C2761425

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. James P Coleman MD

Mailing Address 7357 Savannah Dr

City State Zip Code  
 Marion MS 39342-9004

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self-Employed

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : C2764041

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John William Colford MD

Mailing Address 7470 Chanhassen Rd

City State Zip Code  
 Chanhassen MN 55317-9503

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Suburban Radiologic Consultants, Ltd.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

Transaction ID : C2761506

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

720.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Gerard A Compito**

Mailing Address 25 Durham Rd

City

State

Zip Code

Skillman

NJ

08558-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Princeton Radiology Associates

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2761831**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

## **B. Peter C Conklin**

Mailing Address 11309 Landing Rd

City

State

Zip Code

Eden Prairie

MN

55347-4953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Suburban Radiology

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761507**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Michael Shawn Conley**

Mailing Address 9921 Wind River Run

City

State

Zip Code

Mc Cordsville

IN

46055-9453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Indiana Univ School of Medicine

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761587**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. W Shawn Conwell MD**

Mailing Address 293 Piney Bluff Rd

City State Zip Code  
Rembert SC 29128-9630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pitts Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

**Transaction ID : C2764800**

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. Glenn Clyde Cook**

Mailing Address Scottsdale Med Imaging Ltd  
3501 N Scottsdale Rd Ste 130

City State Zip Code  
Scottsdale AZ 85251-5649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

**Transaction ID : C2771271**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. Joseph B Cornett**

Mailing Address 113 Arrowstone Ct

City State Zip Code  
Morrisville NC 27560-6977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

**Transaction ID : C2761426**

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

726.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jennifer Ruth Cranny**

Mailing Address 448 Rice Hope Dr

City

Mount Pleasant

State

SC

Zip Code

29464-2973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2014

Transaction ID : C2771344

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kevin Michael Cregan**

Mailing Address Wayne Radiologists  
PO Box 1757

City

Goldsboro

State

NC

Zip Code

27533-1757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne Radiologists

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764044

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Sue A Crook**

Mailing Address Suburban Radiologic Consultants  
4801 W 81st St Ste 108

City

Minneapolis

State

MN

Zip Code

55437-1191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761514

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy Andrew Crummy**

Mailing Address 2509 Middleton Beach Rd

City

Madison

State

WI

Zip Code

53562-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Madison Radiologists

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.84

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : C2749896**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Cecil W Cupp III**

Mailing Address Hot Springs Radiology Services  
3633 Central Ave Ste D

City

Hot Springs

State

AR

Zip Code

71913-6404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hot Springs Radiology Services, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 14 / 2014

**Transaction ID : C2781789**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Elizabeth Gilbert D'Angelo**

Mailing Address 108 Bur Ben Ln

City

New Bern

State

NC

Zip Code

28560-7520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : C2761855**

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Timothy Lloyd Davis**

Mailing Address St Joseph Hospital  
1901 W Sycamore St

City State Zip Code  
Kokomo IN 46901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mallinckrodt Inst of Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761589**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Gary J De Filipp**

Mailing Address Charlotte Radiology PA  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2761645**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

## **C. Julia Tucker De Sanctis**

Mailing Address 8 Titus Rd

City State Zip Code  
Skillman NJ 08558-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : C2761832**

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1196.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 161

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Larry J De St Jeor

Mailing Address Womens Imaging Specialists  
 6107 N Fresno St Ste 101

City	State	Zip Code
Fresno	CA	93710-8617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2014

Transaction ID : C2782666

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian Francis DeCesare MD

Mailing Address 7433 W Shore Dr

City	State	Zip Code
Edina	MN	55435-4064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761515

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John S DeMeritt

Mailing Address 18 Baldwin Rd

City	State	Zip Code
Saddle River	NJ	07458-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

Transaction ID : C2761901

Amount of Each Receipt this Period

23.07

SUBTOTAL of Receipts This Page (optional)..... ►

773.07

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 161

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. John S DeMeritt**

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : C2782650**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Elvin Lephiew Dennington**

Mailing Address 722 N Harrison St

City

Little Rock

State

AR

Zip Code

72205-3525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

**Transaction ID : C2761464**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Donald F Denny JR**

Mailing Address 76 Stetson Way

City

Princeton

State

NJ

Zip Code

08540-7310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : C2761833**

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

633.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Matthew C Difazio**

Mailing Address 30 Titus Rd

City

State

Zip Code

Skillman

NJ

08558-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2761835**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**B. James Earl Dix**

Mailing Address South Texas Radiology Group  
8401 Datapoint Dr Ste 600

City

State

Zip Code

San Antonio

TX

78229-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2771288**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jack Michael Drew**

Mailing Address 11533 Ringer Rd

City

State

Zip Code

Fortville

IN

46040-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761590**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1860.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Laura O Dugan**

Mailing Address 2678 Towne Dr

City

Carmel

State

IN

Zip Code

46032-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761591

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joel A Dunlap**

Mailing Address 507 Sheraton Dr

City

San Antonio

State

TX

Zip Code

78209-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2771289

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Nathan Durick MD**

Mailing Address 5252 School House Rd

City

Bettendorf

State

IA

Zip Code

52722-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Radiology, S.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764794

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Paul H Ellenbogen**

Mailing Address 4240 Prescott Ave Apt 7E

City	State	Zip Code
Dallas	TX	75219-2392

FEC ID number of contributing federal political committee.

C

Name of Employer

Southwest Imaging &amp; Intervenor specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

Transaction ID : C2754644

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Eric Daniel Elliott**

Mailing Address 2643 Fairwind Court

City	State	Zip Code
Carmel	IN	46032-9573

FEC ID number of contributing federal political committee.

C

Name of Employer

NorthWest Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761592

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Margaret Y Emy**

Mailing Address 245 Oxford Dr

City	State	Zip Code
Tenaflly	NJ	07670-3117

FEC ID number of contributing federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2761886

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)..... ►

717.95

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Margaret Y Emy**

Mailing Address 245 Oxford Dr

City State Zip Code  
Tenaflly NJ 07670-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Hackensack Radiology Group Diagnostic Radiologist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : C2782635**

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**B. William Scott Enochs**

Mailing Address 230 Poplar Ave

City State Zip Code  
Wayne PA 19087-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Thomas Jefferson University Ho Diagnostic Radiologist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2014

**Transaction ID : C2762015**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Catherine J Everett**

Mailing Address 812 Madame Moore Ln

City State Zip Code  
New Bern NC 28562-6446

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Coastal Radiology Associates Diagnostic Radiologist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : C2761856**

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

189.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Janalyn P Ferguson**

Mailing Address 4508 Winterspring Cres

City

Zionsville

State

IN

Zip Code

46077-9276

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761593

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Amanda Jane Ferrell**

Mailing Address 1606 Blair St

City

Little Rock

State

AR

Zip Code

72207-5302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : C2761465

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. George Joseph Ferrone**

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : C2761892

Amount of Each Receipt this Period

23.07

SUBTOTAL of Receipts This Page (optional)..... ►

773.07

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. George Joseph Ferrone**

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

06 / 26 / 2014

Transaction ID : C2782641

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Bonnie Pankov Fines MD**

Mailing Address 1135 Mill Creek Cir

City

Saint Cloud

State

MN

Zip Code

56303-9561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Diagnostic Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2014

Transaction ID : C2761567

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Vincent L Flanders MD**

Mailing Address 3448 Homestretch Dr

City

Carmel

State

IN

Zip Code

46032-0003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761594

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1023.07



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher Warren Flye**

Mailing Address P O Box 12065

City

New Bern

State

NC

Zip Code

28561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2761857

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Kevin F Forte**

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2761466

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mary C Foshager**

Mailing Address 4248 Queen Ave S

City

Minneapolis

State

MN

Zip Code

55410-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761516

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

630.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Arthur Jackson Fountain

Mailing Address Emory Univ

49 Jesse Hill Jr Dr SE

City

Atlanta

State

GA

Zip Code

30303-3049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory University

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 05 / 2014

Transaction ID : C2749942

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Parham R Fox

Mailing Address Radiology Consultants

113 Nationwide Dr

City

Lynchburg

State

VA

Zip Code

24502-4272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : C2761559

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Thomas Roger Frerichs

Mailing Address 685 Shadyview Ln N

City

Minneapolis

State

MN

Zip Code

55447-3675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761517

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Christopher John Friend MD

Mailing Address 4735 Butler St Fl 2nd

City

Pittsburgh

State

PA

Zip Code

15201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC

Occupation

Interventional Radiologist

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : C2761604

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven A Fritsch

Mailing Address 1945 Mulsanne Drive

City

Zionsville

State

IN

Zip Code

46077-9077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : C2761595

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Clinton J Fuller III

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2014

Transaction ID : C2761467

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Nancy A Gadziala**

Mailing Address 216 Clover Hills Dr

City

Rochester

State

NY

Zip Code

14618-4710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Borg & IDE Imaging

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2014

**Transaction ID : C2759186**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Yan Gao**

Mailing Address 1521 Mirassou Ln

City

Virginia Beach

State

VA

Zip Code

23454-1373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Radiologists, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2771242**

Amount of Each Receipt this Period

249.99

Full Name (Last, First, Middle Initial)

**C. Joseph Christopher George**

Mailing Address 10872 Blooming Orchard Dr

City

Fishers

State

IN

Zip Code

46038-4269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761596**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

999.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. John Ghazi

Mailing Address 31 Hessian Way

City State Zip Code  
 Belle Mead NJ 08502-5918

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Princeton Radiology Associates

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 02 / 2014

Transaction ID : C2761837

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

B. James S Gilley

Mailing Address South Texas Radiology Group  
 8401 Datapoint Dr Ste 600

City State Zip Code  
 San Antonio TX 78229-5907

FEC ID number of contributing federal political committee.

C

Name of Employer  
 South Texas Radiology Group, P.A.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : C2771291

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Harvey M Goldstein

Mailing Address 31 Westelm Cir

City State Zip Code  
 San Antonio TX 78230-2638

FEC ID number of contributing federal political committee.

C

Name of Employer  
 South Texas Radiology Group, P.A.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : C2771292

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Whitney J Goodwin MD**

Mailing Address 22 Tallyho Ln

City

Little Rock

State

AR

Zip Code

72227-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2761468**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Lauren Thomson Granata MD**

Mailing Address 1317 Five Point Rd

City

Virginia Beach

State

VA

Zip Code

23454-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2771243**

Amount of Each Receipt this Period

252.00

Full Name (Last, First, Middle Initial)

**C. Michael Paul Granato**

Mailing Address 1708 Winding Vw

City

San Antonio

State

TX

Zip Code

78260-7219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2771293**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1502.00

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Edward Douglas Green MD**

Mailing Address 106 Windsong Cv

City  
Ridgeland

State  
MS

Zip Code  
39157-8736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

06 / 01 / 2014

**Transaction ID : C2745197**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Robert L Green JR**

Mailing Address 1527 Trents Meadow Rd

City  
Lynchburg

State  
VA

Zip Code  
24503-6566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 17 / 2014

**Transaction ID : C2761564**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Matthew Gromet**

Mailing Address Charlotte Radiology PA  
3030 Latrobe Dr

City  
Charlotte

State  
NC

Zip Code  
28211-4866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2761646**

Amount of Each Receipt this Period

336.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

896.00

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Gerald W Growcock**

Mailing Address 128 Turnberry Way

City

San Antonio

State

TX

Zip Code

78230-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2771294**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David J Gulliver**

Mailing Address Northwest Radiology Network  
5901 Technology Center Dr

City

Indianapolis

State

IN

Zip Code

46278-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761599**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kevin David Gustafson**

Mailing Address 10594 Estate Dr

City

Eden Prairie

State

MN

Zip Code

55347-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Conslts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761518**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Labib Fouad Haddad**

Mailing Address 4 Ramsgate Dr

City State Zip Code  
 Olivette MO 63132-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 West County Radiological Group

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : C2761880**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Thomas Francis Hagman**

Mailing Address 3516 Hintocks Cir

City State Zip Code  
 Carmel IN 46032-9184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Indiana Univ School of Medicine

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2761600**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Joel David Halcomb**

Mailing Address 2583 Tournament Players Cir S

City State Zip Code  
 Blaine MN 55449-5500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Suburban Radiologic Consultants, Ltd.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2761519**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. James A Hall JR**

Mailing Address 407 Third Ave

City

Farmville

State

VA

Zip Code

23901-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 17 / 2014

Transaction ID : C2761560

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Richard L Hallett II**

Mailing Address 13225 Mattock Chase

City

Carmel

State

IN

Zip Code

46033-8643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761602

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Gene Han MD**

Mailing Address 24 Briarcliff Rd

City

Tenaflly

State

NJ

Zip Code

07670-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.35

Date of Receipt

06 / 12 / 2014

Transaction ID : C2761902

Amount of Each Receipt this Period

23.07

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

873.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Gene Han MD**

Mailing Address 24 Briarcliff Rd

City

Tenafly

State

NJ

Zip Code

07670-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : C2782651**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Glenn I Hananouchi**

Mailing Address 1545 E La Quinta Dr

City

Fresno

State

CA

Zip Code

93730-4525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : C2782667**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Warren Kent Hansen**

Mailing Address 5522 S 700 E

City

Whitestown

State

IN

Zip Code

46075-9370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761603**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

773.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Olin L Harbury**

Mailing Address Charlotte Radiology  
3030 Latrobe Dr

City State Zip Code  
Charlotte NC 28211-4867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2761647**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

## **B. David K Harry**

Mailing Address 136 Highview Rd

City State Zip Code  
Stephenson VA 22656-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

**Transaction ID : C2754225**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **C. Scott B Harter**

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City State Zip Code  
Little Rock AR 72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

**Transaction ID : C2761469**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2211.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Gregory A Hatfield**

Mailing Address 875 Partenwood Ln

City

Orono

State

MN

Zip Code

55356-9778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761521

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Paul Andrew Haugan**

Mailing Address 3021 Cranesbill Dr

City

Raleigh

State

NC

Zip Code

27613-6579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 24 / 2014

Transaction ID : C2761428

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

## **C. David Alan Hays**

Mailing Address 18 Farnham Loop

City

Little Rock

State

AR

Zip Code

72223-9199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2761470

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

870.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael D Heaney**

Mailing Address 11362 Parkside Trl

City

Maple Grove

State

MN

Zip Code

55369-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761522**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Scott Andrew Hees**

Mailing Address 119 Saint Mellions

City

Pinehurst

State

NC

Zip Code

28374-8104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2761648**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**C. Timothy Hellewell**

Mailing Address 1515 Parkland Dr

City

Lynchburg

State

VA

Zip Code

24503-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 17 / 2014

**Transaction ID : C2761557**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1186.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Eric Petty Hendrick**

Mailing Address 226 Persimmon Pond

City

San Antonio

State

TX

Zip Code

78231-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : C2771295

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kimberly B Hendrix**

Mailing Address 352 Sycamore Ridge Rd NE

City

Concord

State

NC

Zip Code

28025-7806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 06 / 18 / 2014

Transaction ID : C2761649

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. William T Henry SR**Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants - Little Rock, A

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : C2761472

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1490.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. William Taylor Henry MD**

Mailing Address 9601 Baptist Health Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

**Transaction ID : C2761471**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rayda N Hernandez-Guasch**Mailing Address 89 AVE DE DIEGO STE 105  
PMB 525

City

San Juan

State

PR

Zip Code

00927-6370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Puerto Rico

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : C2753886**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael Paul Hickman**Mailing Address Hot Springs Radiology Services  
3633 Central Ave Ste D

City

Hot Springs

State

AR

Zip Code

71913-6475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hot Springs Radiology Services

Occupation

Interventional Radiologist

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : C2757005**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Bradley D Hilger MD**

Mailing Address 1713 Boulder Dr

City State Zip Code  
Sartell MN 56377-4548

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information Requested

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : C2761568

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Alan Jay Holz**

Mailing Address 10471 Lone Star Pl

City State Zip Code  
Davie FL 33328-1344

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Radiology Associates of Hollywood

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : C2759153

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. William W Horsley**

Mailing Address Scottsdale Medical Imaging Ltd  
3501 N Scottsdale Rd Ste 130

City State Zip Code  
Scottsdale AZ 85251-5649

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Scottsdale Medical Imaging

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : C2771272

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Lanning W Houston**

Mailing Address 18 N Deep Lake Rd

City

Saint Paul

State

MN

Zip Code

55127-6506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761523

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brian Adrian Howard**

Mailing Address 6632 Summer Darby Lane

City

Charlotte

State

NC

Zip Code

28270-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2761650

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**c. John Dale Howard**

Mailing Address Charlotte Radiology  
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2761651

Amount of Each Receipt this Period

336.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1172.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy S Howard**

Mailing Address 42 Richmond Dr

City

State

Zip Code

Skillman

NJ

08558-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2761838**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**B. Paul Fai Hunt MD**

Mailing Address 7005 Oak Ridge Rd

City

State

Zip Code

Corcoran

MN

55340-9388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761524**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Elizabeth Ann Ignacio**

Mailing Address 71 Kamaiki Cir

City

State

Zip Code

Kahului

HI

96732-3153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

George Washington Med Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2014

**Transaction ID : C2754603**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

960.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Valerie Jackson**

Mailing Address American Board of Radiology  
5441 East Williams Blvd

City	State	Zip Code
Tucson	AZ	85711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Board of Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

Transaction ID : C2759397

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cindy Janesky**

Mailing Address Lancaster Radiology Associates  
PO Box 3555

City	State	Zip Code
Lancaster	PA	17604-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

Transaction ID : C2761867

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Adam Bredahl Jeffers MD**

Mailing Address 2841 Bryant Ave S Apt 320

City	State	Zip Code
Minneapolis	MN	55408-2580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761525

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1550.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 161  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Bradley Arthur Johnson**

Mailing Address 24 Crystal Ct

City

Morton

State

IL

Zip Code

61550-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Illinois Radiological Associat

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : C2753924**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Peter Anthony S Johnstone**

Mailing Address 8926 Waterside Cir

City

Indianapolis

State

IN

Zip Code

46278-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiation Oncology Division

Occupation

Radiation Oncologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

**Transaction ID : C2759176**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. William Falkes Jones**

Mailing Address 9477 E Shangri LA Rd

City

Scottsdale

State

AZ

Zip Code

85260-6143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

**Transaction ID : C2771273**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Lyndon Kirkman Jordan III**

Mailing Address 2301 White Oak Rd

City

Raleigh

State

NC

Zip Code

27608-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 24 / 2014

**Transaction ID : C2761429**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**B. Patrick J Juenemann**

Mailing Address 10976 Mississippi Dr

City

Champlin

State

MN

Zip Code

55316-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761526**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Johannes Jurgens**

Mailing Address 13925 Haystack Lane

City

Milton

State

GA

Zip Code

30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roswell Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2014

**Transaction ID : C2750876**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

910.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 63 OF 161  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Gregory Alan Kaufmann

Mailing Address 61 Ridgeview Dr

City

Belle Mead

State

NJ

Zip Code

08502-5515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : C2761840

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

B. Cathrine E Keller

Mailing Address 30049 Johnsons Point Rd

City

Leesburg

State

FL

Zip Code

34748-9214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : C2759114

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Roman H Keller DO

Mailing Address 18500 99th PI N

City

Osseo

State

MN

Zip Code

55311-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

Transaction ID : C2761569

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1660.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael J Kelley**

Mailing Address 2500 Maynard Rd

City

Charlotte

State

NC

Zip Code

28270-0754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2761652

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**B. Scott Reed Kennedy**

Mailing Address 821 Tanglewood Dr NE

City

Concord

State

NC

Zip Code

28025-2581

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cabarrus Radiologists PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2761653

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**C. Susan Lucille Kennedy**

Mailing Address 1116 Cowper Dr

City

Raleigh

State

NC

Zip Code

27608-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 24 / 2014

Transaction ID : C2761430

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

832.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 161

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Todd Michael Kihne**

Mailing Address 11683 Welters Way

City	State	Zip Code
Eden Prairie	MN	55347-2836

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
Suburban Radiologic Consultants, Ltd.	Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761527

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. HuiJung Hannah Kim**

Mailing Address 6 Wetherfield Ct

City	State	Zip Code
Potomac	MD	20854-1114

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
Drs. Groover, Christie, & Merritt	Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

Transaction ID : C2757142

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. William Jay Kim MD**

Mailing Address 405 Golf Course Dr

City	State	Zip Code
Leonia	NJ	07605-1415

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
Hackensack Radiology Group	Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2761903

Amount of Each Receipt this Period

23.07

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

823.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. William Jay Kim MD**

Mailing Address 405 Golf Course Dr

City  
Leonia

State  
NJ

Zip Code  
07605-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.28

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : C2782652**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Michael T King**

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City  
Little Rock

State  
AR

Zip Code  
72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
06 / 27 / 2014

**Transaction ID : C2761473**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Amy Briana Kirby MD**

Mailing Address 14708 Hollyhock Dr

City  
Oklahoma City

State  
OK

Zip Code  
73142-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eagle Eye Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : C2745441**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

358.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ralph Maximilian Koenker**

Mailing Address 14 Meadow Ridge

City State Zip Code  
Corte Madera CA 94925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Advanced Imaging Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 05 / 2014

**Transaction ID : C2762079**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. David Clifton Kolb**

Mailing Address 25 Talais Dr

City State Zip Code  
Little Rock AR 72223-9129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2761474**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kenneth P Korte**

Mailing Address 12613 Riverview Rd

City State Zip Code  
Eden Prairie MN 55347-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761528**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1005.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Gary R Kosel**

Mailing Address 15 Meadowlark Ln

City State Zip Code  
Saint Paul MN 55127-2080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consultants, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761529**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Tushar G Kothari**

Mailing Address 3260 Legacy Trce

City State Zip Code  
Cincinnati OH 45237-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of NO. KY

Occupation  
Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2014

**Transaction ID : C2759339**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Paul Kramer**

Mailing Address 2147 Meadow Ridge Dr

City State Zip Code  
Lancaster PA 17601-5762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2014

**Transaction ID : C2761869**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Bradley H Kranendonk**

Mailing Address 5170 Kelsey Ter

City State Zip Code  
Edina MN 55436-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consultants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761530**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Peter E Kravath**

Mailing Address 2137 Dilworth Rd E

City State Zip Code  
Charlotte NC 28203-5727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2761654**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**C. Stephen E Kuehne**

Mailing Address 8851 116th St

City State Zip Code  
Clear Lake MN 55319-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Diagnostic Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : C2761570**

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1436.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mark D Kuo**

Mailing Address 13026 E Turquoise Ave

City State Zip Code  
 Scottsdale AZ 85259-5341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Scottsdale Medical Imaging

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : C2771274**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. Andrew J Kurman**

Mailing Address 451 Lake of the Woods Blvd

City State Zip Code  
 Akron OH 44333-2791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology & Imaging Services, Inc.

Occupation  
 Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : C2761247**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. David C Kushner**

Mailing Address 2020 Canal Rd

City State Zip Code  
 Virginia Beach VA 23451-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Medical Center Radiologists

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C2771244**

Amount of Each Receipt this Period

250.02

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Benjamin B Kuzma**

Mailing Address 5639 N Meridian St

City

Indianapolis

State

IN

Zip Code

46208-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761605**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Theodore P Labus**

Mailing Address 16132 Chancellors Ridge Way

City

Noblesville

State

IN

Zip Code

46062-7137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Hosp of IN Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761607**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. H Lebron Lackey JR**

Mailing Address Cleveland Radiology Assoc PC  
PO Box 3990

City

Cleveland

State

TN

Zip Code

37320-3990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

**Transaction ID : C2759152**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Patricia E Ladd MD**

Mailing Address 5755 N New Jersey St

City State Zip Code  
 Indianapolis IN 46220-2532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2761608**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alan Laorr**

Mailing Address 15547 Sweetwater Cir

City State Zip Code  
 Eden Prairie MN 55347-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Suburban Radiologic Consultants

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2761531**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Lorraine Ling LaRoy**

Mailing Address 2701 Crescent Ridge Rd

City State Zip Code  
 Minnetonka MN 55305-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Suburban Radiologic Consultants

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2761532**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1275.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Ronald Keith Larson**

Mailing Address PO Box 2739

City State Zip Code  
Oregon City OR 97045-8520

FEC ID number of contributing federal political committee.

C

Name of Employer

North Williamette Radiologists

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : C2764796

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Fred Darden Lassiter**

Mailing Address 3115 Pontifex Court

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : C2761655

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**c. Carlo Robert Lazzaro MD**

Mailing Address 10517 Titan Run

City State Zip Code  
Carmel IN 46032-8233

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761609

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1036.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Kevin Richard Leach**

Mailing Address 6 High Point Rd

City

Dellwood

State

MN

Zip Code

55110-6176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761533

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jonathan Alan Lebowitz**

Mailing Address Princeton Radiology Associates  
3674 Route 27

City

Kendall Park

State

NJ

Zip Code

08824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2761841

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**C. Andrew D Lee MD**

Mailing Address 3547 Humboldt Ave S

City

Minneapolis

State

MN

Zip Code

55408-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761534

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Danielle Bernadette Leighton**

Mailing Address 1544 Lucille Ln

City

Saint Cloud

State

MN

Zip Code

56303-0431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Diagnostic Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : C2761571

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark H LeQuire**

Mailing Address 2055 Myrtlewood Dr

City

Montgomery

State

AL

Zip Code

36111-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montgomery Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2014

Transaction ID : C2747429

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Charles A Lerner**

Mailing Address 9014 Sweet Bay Ct

City

Indianapolis

State

IN

Zip Code

46260-1554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761610

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 161  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Albert Leslie**

Mailing Address 260 Eshelman Rd

City

Lancaster

State

PA

Zip Code

17601-5645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

**Transaction ID : C2761870**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Peter Lawrence Leuchtmann MD**

Mailing Address 2900 Ryton Ct

City

Raleigh

State

NC

Zip Code

27613-5463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2014

**Transaction ID : C2761433**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. David Ling**Mailing Address Wake Radiology  
PO Box 19368

City

Raleigh

State

NC

Zip Code

27619-9368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2014

**Transaction ID : C2761434**

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

380.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Steven C Link**

Mailing Address 10303 Bucks Way

City

Eden Prairie

State

MN

Zip Code

55347-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761535**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daniel J Loes**

Mailing Address Suburban Radiologic Consultants  
4801 W 81st St Ste 108

City

Minneapolis

State

MN

Zip Code

55437-1191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761536**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John H Lohnes JR**

Mailing Address Wichita Radiological Group PA  
PO Box 8903

City

Wichita

State

KS

Zip Code

67208-0903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wichita Radiological Group PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2745442**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 161

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. H Esterbrook Longmaid III**

Mailing Address 52 Harwich Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Deaconess Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : C2756946

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. James Clifford Lorentzen**Mailing Address Coastal Radiology  
PO Box 12065

City

New Bern

State

NC

Zip Code

28561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2014

Transaction ID : C2761858

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. Kay Denise Spong Lozano**

Mailing Address 5991 South High Court

City

Centennial

State

CO

Zip Code

80121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Imaging Association

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : C2757134

Amount of Each Receipt this Period

209.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 161  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. James D Lutz**

Mailing Address 307 Geneseo Rd

City	State	Zip Code
San Antonio	TX	78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

Transaction ID : C2771296

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Daniel Dawson Maki**

Mailing Address 9944 E South Bend Dr

City	State	Zip Code
Scottsdale	AZ	85255-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Diagnostic Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : C2771275

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. Hiten Maganlal Malde**

Mailing Address 7 Kinkaid Ave

City	State	Zip Code
Closter	NJ	07624-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

Transaction ID : C2761887

Amount of Each Receipt this Period

23.07

SUBTOTAL of Receipts This Page (optional)..... ►

5143.07

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 161  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Hiten Maganlal Malde**

Mailing Address 7 Kinkaid Ave

City State Zip Code  
Closter NJ 07624-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : C2782636**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Ronald Jay Martin**

Mailing Address 110 Buckland Pl

City State Zip Code  
Little Rock AR 72223-4567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of Little Rock

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

**Transaction ID : C2761475**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Veronica Jane Martin**

Mailing Address 110 W Main St Apt 414

City State Zip Code  
Carmel IN 46032-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

I U Hospitals

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761611**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

773.07



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 161  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. John Matzko**

Mailing Address Wake Radiology  
3949 Browning Pl

City Raleigh State NC Zip Code 27609-6504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : C2761435**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**B. Richard J Max**

Mailing Address 113 Baybrook Ct

City Cary State NC Zip Code 27511-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : C2761436**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**c. Christopher C May**

Mailing Address 14627 E Paradise Dr

City Fountain Hills State AZ Zip Code 85268-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 27 / 2014

**Transaction ID : C2771276**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

470.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 161  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Barry D McGinnis**Mailing Address Charlotte Radiology PA  
PO Box 36937

City	State	Zip Code
Charlotte	NC	28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PAOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2761656**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**B. Geraldine B McGinty**

Mailing Address 131 Avenue B Apt 3C

City	State	Zip Code
New York	NY	10009-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Imaging CenterOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : C2757045**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Meghan Roseann McKeon MD**

Mailing Address 7005 Oak Ridge Rd

City	State	Zip Code
Corcoran	MN	55340-9388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consultants, Ltd.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2761537**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

936.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 161

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Chadd J McMahon MD**

Mailing Address 604 W Sartell St

City  
SartellState  
MNZip Code  
56377-1900FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2014

**Transaction ID : C2761572**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Amit Mehta MD**

Mailing Address 811 Garraty HI

City

San Antonio

State

TX

Zip Code

78209-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

**Transaction ID : C2771297**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Meier**

Mailing Address 6083 S Biscay St

City

Aurora

State

CO

Zip Code

80016-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Colorado Hospital

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2014

**Transaction ID : C2757501**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1550.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 161  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph William Melamed**

Mailing Address 220 Gilliam St

City  
Oxford

State  
NC

Zip Code  
27565-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : C2761437**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**B. Patricia J Mergo**

Mailing Address Mayo Clinic  
4500 San Pablo Rd

City  
Jacksonville

State  
FL

Zip Code  
32224-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Florida Box 100374

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : C2750734**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. John Mark Michael**

Mailing Address 14567 Jason St

City  
Carmel

State  
IN

Zip Code  
46033-8759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Hosp of IN Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : C2761613**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

745.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 161

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. William Sloane Millar**

Mailing Address 16 Hedgerow Drive

City

Englewood

State

NJ

Zip Code

07631-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Presbyterian

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	4

**Transaction ID : C2759177**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Joseph P Miller**Mailing Address South Texas Radiology Group PA  
8401 Datapoint Dr Ste 600

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : C2771298**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mitchell Alan Miller**Mailing Address 2 Constitution Court  
#1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

**Transaction ID : C2761893**

Amount of Each Receipt this Period

23.07

**SUBTOTAL** of Receipts This Page (optional)..... ►

1073.07

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 161

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Mitchell Alan Miller**

Mailing Address 2 Constitution Court  
#1009

City Hoboken State NJ Zip Code 07030-6730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : C2782642

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Steven L Miller**

Mailing Address 23 Moffat Rd

City Waban State MA Zip Code 02468-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton Wellesley Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : C2750735

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Jane S Mitchell**

Mailing Address 9922 Summerlakes Drive

City Carmel State IN Zip Code 46032-9307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761614

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

773.07

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Robert L Mittl JR**

Mailing Address 4733 Coburn Court

City

Charlotte

State

NC

Zip Code

28277-2593

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2761657**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**B. Suzanne C Moffit**

Mailing Address 10906 Tanglewood Ln N

City

Champlin

State

MN

Zip Code

55316-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761538**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Demetrius Konstantine Morros**

Mailing Address 7418 Ridgcrest Court Rd

City

Birmingham

State

AL

Zip Code

35242-0525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Birmingham Radiological Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 05 / 2014

**Transaction ID : C2749945**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

919.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. John A Morton**

Mailing Address Northwest Radiology Network  
5901 Technology Center Dr

City Indianapolis State IN Zip Code 46278-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761616

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jack J Moss**

Mailing Address 8877 Alderly Court

City Indianapolis State IN Zip Code 46260-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Women's Hosp-Indianapolis

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761617

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Charles Corwin Mulry**

Mailing Address Northwest Radiology Network  
5901 Technology Center Drive

City Indianapolis State IN Zip Code 46278-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Madison County Imaging

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761618

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph S Murphy**

Mailing Address 48 Hickory Hills Cir

City

Little Rock

State

AR

Zip Code

72212-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2761476

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jonathan Paul Naatz**

Mailing Address 1221 Yale Ave

City

Salt Lake City

State

UT

Zip Code

84105-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2014

Transaction ID : C2757125

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mohit Madan Naik MD**

Mailing Address 424 W End Ave Apt 18C

City

New York

State

NY

Zip Code

10024-5785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.42

Date of Receipt

06 / 12 / 2014

Transaction ID : C2761905

Amount of Each Receipt this Period

23.07

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

523.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mohit Madan Naik MD**

Mailing Address 424 W End Ave Apt 18C

City  
New York

State Zip Code  
NY 10024-5785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.42

Date of Receipt

06 / 26 / 2014

Transaction ID : C2782654

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Eric W Neils**

Mailing Address 904 Squire Oaks Drive

City  
Villa Hills

State Zip Code  
KS 41017-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of N KY

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764043

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard L Newton**

Mailing Address Radiology Consultants  
113 Nationwide dr

City  
Lynchburg

State Zip Code  
VA 24502-4272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 17 / 2014

Transaction ID : C2761562

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

623.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Hoang D Nguyen**

Mailing Address Regional Diagnostic Radiology  
1406 6th Ave N

City State Zip Code  
Saint Cloud MN 56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Diagnostic Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : C2761574**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Gregory Neal Nicola**

Mailing Address 80 Riverside Blvd Apt 14P

City State Zip Code  
New York NY 10069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.35

Date of Receipt

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : C2761906**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

## **C. Gregory Neal Nicola**

Mailing Address 80 Riverside Blvd Apt 14P

City State Zip Code  
New York NY 10069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.35

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : C2782655**

Amount of Each Receipt this Period

23.07

**SUBTOTAL** of Receipts This Page (optional)..... ►

546.14

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Stanley Nielsen**

Mailing Address 2751 104th Ct NE

City  
Blaine

State  
MN

Zip Code  
55449-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761539**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Steven R Nokes**

Mailing Address Radiology Consultants of Little Ro  
9601 Baptist Health Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2761477**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Martha A Nowell**

Mailing Address 14 Green Hills Dr

City

Flemington

State

NJ

Zip Code

08822-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hunterdon Imaging MRI

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2761843**

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Kevin M O'Brien**

Mailing Address St Johns Macomb Hospital  
 11800 E 12 Mile Rd

City Warren State MI Zip Code 48093-3494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Radiology Consultants, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 24 / 2014

Transaction ID : C2760172

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Bernard B O'Malley**

Mailing Address Princeton Radiology Associates, PA  
 3674 State Route 27 Ste D

City Kendall Park State NJ Zip Code 08824-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Princeton Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 02 / 2014

Transaction ID : C2761844

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**C. James H Oliver III**

Mailing Address 4015 Winterberry Pl

City Charlotte State NC Zip Code 28210-7329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 18 / 2014

Transaction ID : C2761658

Amount of Each Receipt this Period

336.00

SUBTOTAL of Receipts This Page (optional)..... ►

738.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Andrew W Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : C2761907

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

B. Andrew W Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : C2782656

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

C. Carroll Christopher Overton

Mailing Address 1116 Cowper Dr

City

Raleigh

State

NC

Zip Code

27608-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : C2761438

Amount of Each Receipt this Period

160.00

SUBTOTAL of Receipts This Page (optional)..... ►

206.14

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Rodney S Owen

Mailing Address 9122 N 60th St

City

Paradise Valley

State

AZ

Zip Code

85253-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : C2771279

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

B. Chris L Palaskas

Mailing Address 2389 Cherrywood Rd

City

Minnetonka

State

MN

Zip Code

55305-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : C2761540

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Chad Coletti Palmer

Mailing Address 10678 E Palm Ridge Dr

City

Scottsdale

State

AZ

Zip Code

85255-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : C2771280

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

920.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 96 OF 161  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. David Panush**

Mailing Address 538 E 84th St Apt 4E

City  
New YorkState  
NYZip Code  
10028-7357FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

**Transaction ID : C2761894**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. David Panush**

Mailing Address 538 E 84th St Apt 4E

City  
New YorkState  
NYZip Code  
10028-7357FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2014

**Transaction ID : C2782643**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**C. William Andrew Parker**Mailing Address Princeton Radiology Associates, PA  
3674 State Route 27 Ste DCity  
Kendall ParkState  
NJZip Code  
08824-1002FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

**Transaction ID : C2761846**

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

406.14

**TOTAL** This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dhiren Y Patel MD**

Mailing Address 1041 Bluestone Dr

City State Zip Code  
 Lititz PA 17543-6900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lancaster Radiology Associates, Ltd.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : C2761875**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Divyesh Gaju Patel MD**

Mailing Address 1143 Treadway Rd

City State Zip Code  
 Munster IN 46321-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiologic Associates of Northwest Ind

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : C2757046**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Rita S Patel**

Mailing Address 3 Ware Rd

City State Zip Code  
 Upper Saddle River NJ 07458-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hackensack Radiology Group

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : C2761896**

Amount of Each Receipt this Period

23.07

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Rita S Patel

Mailing Address 3 Ware Rd

City	State	Zip Code
Upper Saddle River	NJ	07458-1919

FEC ID number of contributing federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2014

Transaction ID : C2782645

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

B. Stephen Penor

Mailing Address 3633 Central Ave, Ste D

City	State	Zip Code
Hot Springs	AR	71913

FEC ID number of contributing federal political committee.

C

Name of Employer  
Hot Springs Radiology Services

Occupation  
Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2014

Transaction ID : C2751651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Barry J Perlman

Mailing Address Princeton Radiology Assoc  
3674 Route 27 Ste D

City	State	Zip Code
Kendall Park	NJ	08824-1211

FEC ID number of contributing federal political committee.

C

Name of Employer  
Princeton Radiology Assoc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

Transaction ID : C2761847

Amount of Each Receipt this Period

360.00

SUBTOTAL of Receipts This Page (optional)..... ►

633.07

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. W Dale Perrymore**

Mailing Address 6 Courts Dr

City

Little Rock

State

AR

Zip Code

72223-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

**Transaction ID : C2761478**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gregory M S Phelan**

Mailing Address 3944 Joppa Ave S

City

Saint Louis Park

State

MN

Zip Code

55416-5064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761541**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Sean Donovan Pierce**

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

**Transaction ID : C2761909**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sean Donovan Pierce**

Mailing Address 509 48th Ave Apt 2A

City State Zip Code  
 Long Island City NY 11101-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hackensack Radiology Group

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : C2782658**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. William Bradley Pierce**

Mailing Address 3 Windsor Ct

City State Zip Code  
 Little Rock AR 72212-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Consultants of Little Rock

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : C2761479**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Frank Pistoia**

Mailing Address 2817 E High Grove Cir

City State Zip Code  
 Zionsville IN 46077-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Information Requested

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2761619**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Mary C Pomeroy**

Mailing Address 2625 Rolling Hills Dr

City State Zip Code  
 Monroe NC 28110-8408

FEC ID number of contributing federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014

Transaction ID : C2761659

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**B. Charles V Pope**

Mailing Address 1408 Olive Chapel Road

City State Zip Code  
 Apex NC 27502-8511

FEC ID number of contributing federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

Transaction ID : C2761439

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**C. Thomas Bernard Poulton**Mailing Address Aultman Hospital  
2600 6th St SW

City State Zip Code  
 Canton OH 44710-1799

FEC ID number of contributing federal political committee.

C

Name of Employer

Aultman Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2014

Transaction ID : C2759178

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

746.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Philip C Pretter**

Mailing Address 12325 Camberwell Ct

City

Raleigh

State

NC

Zip Code

27614-8933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 24 / 2014

**Transaction ID : C2761441**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**B. Derk D Purcell MD**

Mailing Address 362 Eldridge Ave

City

Mill Valley

State

CA

Zip Code

94941-4556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of California San Francisco

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

06 / 10 / 2014

**Transaction ID : C2751370**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Mohammed Fareed Uddin Quraishi MD**

Mailing Address 534 13th Ave W

City

Kirkland

State

WA

Zip Code

98033-4831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radia, Inc.

Occupation

Interventional Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2014

**Transaction ID : C2753937**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Joel I Rakow**

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

362.28

Date of Receipt

06 / 12 / 2014

Transaction ID : C2761910

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Joel I Rakow**

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

362.28

Date of Receipt

06 / 26 / 2014

Transaction ID : C2782659

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**C. Sunil Kumar Ram**

Mailing Address 12455 N 118th Way

City

Scottsdale

State

AZ

Zip Code

85259-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2771281

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Ramnath**

Mailing Address 127 Lansing Island Drive

City State Zip Code  
 Indian Harbour Beach FL 32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NSI

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2014

**Transaction ID : C2757138**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Patricia A Randall**

Mailing Address 4968 Ravine Rd

City State Zip Code  
 Fayetteville NY 13066-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2014

**Transaction ID : C2759154**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Vikram A Rao MD**

Mailing Address 14348 Manderleigh Woods Dr

City State Zip Code  
 Town and Country MO 63017-8056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West County Radiological Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 06 / 2014

**Transaction ID : C2761881**

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

792.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. James Vincent Rawson**

Mailing Address Medical College of Georgia  
1120 15th St BA1414

City Augusta State GA Zip Code 30912-0006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical College of Georgia

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 06 / 2014

**Transaction ID : C2750736**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Anne Mosalie Reddy**

Mailing Address 6012 Halifax Ave S

City Minneapolis State MN Zip Code 55424-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U of Nebraska Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761542**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard D Redvanly**

Mailing Address 4315 Gosford Pl

City Charlotte State NC Zip Code 28277-4546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2761660**

Amount of Each Receipt this Period

336.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

919.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Terry A Reeves**

Mailing Address 10537 E Sunnyside Dr

City

Scottsdale

State

AZ

Zip Code

85259-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : C2771282**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey I Reider**

Mailing Address 407 Westwood Road

City

Indianapolis

State

IN

Zip Code

46240-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2761620**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Lance E Reinsmith MD**

Mailing Address 12 Vintage Oaks

City

San Antonio

State

TX

Zip Code

78248-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Both DX and RO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : C2771299**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1370.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Robert A Rhodes III**

Mailing Address 1041 Maple Ct

City	State	Zip Code
Athens	GA	30606-5746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology AssociatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2014

**Transaction ID : C2750882**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Vance Robbins**Mailing Address Radiology Consultants  
9601 Baptist Health Dr Ste 1100

City	State	Zip Code
Little Rock	AR	72205-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of Little Rock+Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : C2761480**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Martin J Robinson**

Mailing Address 1515 Wetherborne Dr

City	State	Zip Code
Little Rock	AR	72211-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants of Little RockOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : C2761481**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

625.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. John M Rogers**

Mailing Address 802 West Gap Creek Road

City

Greer

State

SC

Zip Code

29651-5065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 11 / 2014

**Transaction ID : C2753888**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Bonna Rogers-Neufeld**

Mailing Address 10849 N. Tea Party Ln

City

Fresno

State

CA

Zip Code

93730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2014

**Transaction ID : C2782668**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael L Ross**

Mailing Address 2901 Fairview Rd

City

Raleigh

State

NC

Zip Code

27608-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 24 / 2014

**Transaction ID : C2761442**

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

452.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Toni C Roth**

Mailing Address 7849 Stanford Ave

City State Zip Code  
 Saint Louis MO 63130-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Illinois Neurosciences

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : C2761882**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Kerstin Anke Rubbert-Slawek**

Mailing Address 36 E Oak Ave

City State Zip Code  
 Moorestown NJ 08057-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : C2761848**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**c. Philip Robert Saba**

Mailing Address 1017 Heydon Ct

City State Zip Code  
 Raleigh NC 27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology Consultants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : C2761443**

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

570.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Arthur D Sandy**

Mailing Address 2136 Peacock Lane

City

Birmingham

State

AL

Zip Code

35223-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Imaging Assoc of AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764042

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Matthew Morris Schaar MD**

Mailing Address 2841 Aspen Lake Dr NE

City

Blaine

State

MN

Zip Code

55449-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Daniel Williams Schepens MD**

Mailing Address 1695 Trents Ferry Rd

City

Lynchburg

State

VA

Zip Code

24503-6456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 17 / 2014

Transaction ID : C2761558

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Andrew M Schneider**Mailing Address Charlotte Radiology  
3030 Latrobe Dr

City	State	Zip Code
Charlotte	NC	28211-4866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2761661**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**B. Rik Sen**

Mailing Address 15 Addison Ave

City	State	Zip Code
Belle Mead	NJ	08502-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

**Transaction ID : C2761850**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**c. Ali R Sepahdari MD**

Mailing Address 11826 Dorothy St Apt 301

City	State	Zip Code
Los Angeles	CA	90049-5384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCLA

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2014

**Transaction ID : C2764795**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

796.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 161

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Nihar Suman Shah MD**

Mailing Address 2460 Thoroughbred Ln

City	State	Zip Code
Orono	MN	55356-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consultants, Ltd.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2761544**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rajiv Kumar Sharma**

Mailing Address 1228 Firethorne Club Drive

City	State	Zip Code
Waxhaw	NC	28173-6553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2761662**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**C. Jason W Sharp MD**

Mailing Address 2728 McKinnon St Apt 902

City	State	Zip Code
Dallas	TX	75201-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Radiology AssociatesOccupation  
Interventional Radiologist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2761496**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1336.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 161  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dale R Shaw**

Mailing Address 3601 Sharon Rd

City State Zip Code  
 Charlotte NC 28211-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C2761663**

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**B. Shannon Page Sheedy MD**

Mailing Address 19755 Waterford Pl

City State Zip Code  
 Excelsior MN 55331-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2761545**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ashwin K Shetty**

Mailing Address 120 Auburn Place

City State Zip Code  
 San Antonio TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C2771300**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1836.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Christina N Shinaver**

Mailing Address 10429 Charter Oaks Dr

City	State	Zip Code
Carmel	IN	46032-8304

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Evansville Radiology PC

 Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761621

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Leigh S Shuman**

Mailing Address 1182 Oakmont Dr

City	State	Zip Code
Lancaster	PA	17601-5079

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Lancaster Radiology Associates

 Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

Transaction ID : C2761872

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Fareed Ahmad Siddiqui**

Mailing Address 6027 Clarion Pass

City	State	Zip Code
Hopkins	MN	55343-8076

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Suburban Radiologic Consultants, Ltd.

 Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761546

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen Nelson Sides**

Mailing Address 112 Allen Dr

City

New Bern

State

NC

Zip Code

28562-7751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2761859**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Lonnie D Simmons**

Mailing Address 5222 Brackenwood Ct

City

La Crosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gundersen Lutheran Clinic

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 20 / 2014

**Transaction ID : C2757047**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Michael S Skulski**

Mailing Address Northwest Radiology Network  
5901 Technology Center Dr

City

Indianapolis

State

IN

Zip Code

46278-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761622**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

663.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy C Sloan**

Mailing Address 722 Newman Rd

City

New Bern

State

NC

Zip Code

28562-5238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2761860

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Kevin L Smith**

Mailing Address Regional Diagnostic Radiology  
1990 Connecticut Ave S Ste 100

City

Sartell

State

MN

Zip Code

56377-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Diagnostic Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

06 / 20 / 2014

Transaction ID : C2757135

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. Todd Mikel Smith**

Mailing Address 18 Masters Cir

City

Little Rock

State

AR

Zip Code

72212-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2761482

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

538.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. H Joseph Spaeth JR**

Mailing Address 6881 Beach Rd

City

Eden Prairie

State

MN

Zip Code

55344-5228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2761547**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John M Spargo**Mailing Address Wake Radiology  
3949 Browning Pl

City

Raleigh

State

NC

Zip Code

27609-6504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : C2761446**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**C. Thomas E St Amour**Mailing Address Radiology Consultants  
9601 Baptist Health Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : C2761483**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

910.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Gail E Starr**

Mailing Address Hackensack Univ Med Ctr  
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.51

Date of Receipt

06 / 12 / 2014

Transaction ID : C2761888

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

## **B. Gail E Starr**

Mailing Address Hackensack Univ Med Ctr  
20 Prospect Ave Ste 513

City Hackensack State NJ Zip Code 07601-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.51

Date of Receipt

06 / 26 / 2014

Transaction ID : C2782637

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

## **C. Walter J Steele**

Mailing Address 2115 Foxcroft Woods Ln

City Charlotte State NC Zip Code 28211-2666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2761664

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

419.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Eric J Stein**

Mailing Address Bryn Mawr Hospital  
130 S Bryn Mawr Ave

City State Zip Code  
Bryn Mawr PA 19010-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of the Main Line

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : C2762025

Amount of Each Receipt this Period

108.34

Full Name (Last, First, Middle Initial)

**B. Jeffrey Paul Stein**

Mailing Address 7047 Whitmarsh Ct

City State Zip Code  
Charlotte NC 28210-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : C2761665

Amount of Each Receipt this Period

336.00

Full Name (Last, First, Middle Initial)

**C. Kendall J Strand**

Mailing Address 8581 Tigua Ln

City State Zip Code  
Chanhassen MN 55317-9615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consultants, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2761548

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

944.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Lloyd Stuckey MD**

Mailing Address 8506 Berry Patch Ln

City  
Roland

State  
AR

Zip Code  
72135-9002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2761484**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brian Thomas Sullivan**

Mailing Address 2250 Veterans Memorial Blvd NW

City  
Andover

State  
MN

Zip Code  
55304-6067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761549**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard Ray Sullivan**

Mailing Address 2220 Via Acalones

City

Palos Verdes Estates

State

CA

Zip Code

90274-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Imaging of South Bay

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2767216**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sunitha Sunkavalli**

Mailing Address 943 High Mountain Rd

City

Franklin Lakes

State

NJ

Zip Code

07417-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

**Transaction ID : C2761912**

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**B. Sunitha Sunkavalli**

Mailing Address 943 High Mountain Rd

City

Franklin Lakes

State

NJ

Zip Code

07417-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : C2782661**

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**C. William H Taylor**

Mailing Address 4045 E Desert Crest Dr

City

Paradise Valley

State

AZ

Zip Code

85253-3942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

**Transaction ID : C2771283**

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

124.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Shawn DeWayne Teague**

Mailing Address 11844 Tarver Ct

City

Fishers

State

IN

Zip Code

46037-8277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Univ School of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2781793**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Kurt E Tech**

Mailing Address 84 Stephens Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

06 / 26 / 2014

**Transaction ID : C2771346**

Amount of Each Receipt this Period

312.50

Full Name (Last, First, Middle Initial)

**C. Sean Edward Theisen**

Mailing Address 1346 Whispering Maples Ct

City

Ann Arbor

State

MI

Zip Code

48108-2492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huron Valley Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2764045**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

912.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. Steven G Thiel MD**

Mailing Address 4801 W 81st St Ste 108

City	State	Zip Code
Minneapolis	MN	55437-1191

FEC ID number of contributing federal political committee.

C

Name of Employer  
Suburban Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey L Thomasson**

Mailing Address 3 Brookside Ln

City	State	Zip Code
Saint Louis	MO	63124-1814

FEC ID number of contributing federal political committee.

C

Name of Employer  
West County Radiological Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

Transaction ID : C2761883

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Daniel J Thompson MD**

Mailing Address 862 Osceola Ave

City	State	Zip Code
Saint Paul	MN	55105-3208

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761552

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1075.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Richard M Thompson**

Mailing Address 7001 Tupa Dr

City State Zip Code  
 Edina MN 55439-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Suburban Radiologic Consultants, Ltd.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2761551**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Matthew Blake Tomlin**

Mailing Address 100 Nettie Ct

City State Zip Code  
 Lynchburg VA 24502-5373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Consultants of Lynchburg

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : C2761561**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Patrick J Toth**

Mailing Address 201 E 80th St Apt 8F

City State Zip Code  
 New York NY 10021-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hackensack Radiology Group

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : C2761885**

Amount of Each Receipt this Period

23.07

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

873.07

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Patrick J Toth**

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2014

**Transaction ID : C2782634**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

**B. Benjamin Edward Tubb MD, PhD**

Mailing Address 215 Abiso Ave

City

San Antonio

State

TX

Zip Code

78209-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

**Transaction ID : C2771301**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Christopher G Ullrich**Mailing Address Charlotte Radiology PA  
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2761666**

Amount of Each Receipt this Period

336.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1359.07

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Marc P Underhill MD**

Mailing Address 2445 Glebe St

City

Carmel

State

IN

Zip Code

46032-7159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2761623**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William J Vanarthos**Mailing Address Wake Radiology Consultants P.A.  
3949 Browning Pl

City

Raleigh

State

NC

Zip Code

27609-6504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology Consultants P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2014

**Transaction ID : C2761448**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**C. Robert E Vasquez**Mailing Address South Texas Radiology Group  
8401 Datapoint Dr Ste 600

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

**Transaction ID : C2771302**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1660.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 161  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Terry W Wallace**Mailing Address Charlotte Radiology  
PO Box 36937

City	State	Zip Code
Charlotte	NC	28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	4

**Transaction ID : C2761667**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Felix W Wang**

Mailing Address 12732 Volkwood St

City	State	Zip Code
Garden Grove	CA	92840-5955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	1	4

**Transaction ID : C2782874**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. William Greene Way JR**

Mailing Address 7713 Oakmont Pl

City	State	Zip Code
Raleigh	NC	27615-5492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	1	4

**Transaction ID : C2761450**

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

650.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. David Warren Weiss**

Mailing Address 5 Northwest Ct

City

Little Rock

State

AR

Zip Code

72212-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : C2761485

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Lori J Wells**

Mailing Address 4563 Ivywood Ct

City

Zionsville

State

IN

Zip Code

46077-9421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : C2761624

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William Carey Werthmuller**Mailing Address Charlotte Radiology  
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Transaction ID : C2761668

Amount of Each Receipt this Period

336.00

SUBTOTAL of Receipts This Page (optional)..... ►

1086.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 161  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Simon Westacott**

Mailing Address 1965 Glendower Dr

City

Lancaster

State

PA

Zip Code

17601-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2014

**Transaction ID : C2761876**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. A David Westerfield**

Mailing Address 4824 Chaffey Ln

City

Lexington

State

KY

Zip Code

40515-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central KY Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : C2757145**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patrick Noel Weybright**

Mailing Address 1234 Mastersonville Rd

City

Manheim

State

PA

Zip Code

17545-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2014

**Transaction ID : C2761874**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Brian J Wiegel**

Mailing Address Northwest Radiology

5901 Technology Center Dr

City

Indianapolis

State

IN

Zip Code

46278-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Vincent Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761625**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alan Dewayne Williams**

Mailing Address 55 Robinwood Dr

City

Little Rock

State

AR

Zip Code

72227-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2761486**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Joseph B Williams**

Mailing Address 401 Garraty Rd

City

San Antonio

State

TX

Zip Code

78209-5938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2771303**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Edward Wilson**

Mailing Address 2715 Countryside Dr W

City State Zip Code  
Orono MN 55356-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consultants, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761553**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael Herman Wittmer MD**

Mailing Address 4706 Sunnyside Rd

City State Zip Code  
Minneapolis MN 55424-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consultants, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761554**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mark D Wittry**

Mailing Address 10525 Concord School Rd

City State Zip Code  
Saint Louis MO 63128-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological Group, Inc.

Occupation  
Cardiac Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 08 / 2014

**Transaction ID : C2750932**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1083.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 161  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. Rochelle Ann Wolfe MD**

Mailing Address 3927 Pine Point Rd

City State Zip Code  
Sartell MN 56377-9730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Diagnostic Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : C2761576**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jonathan K Wood**

Mailing Address 7 Wildflower Pl

City State Zip Code  
North Oaks MN 55127-6223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Radiologic Consultants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761555**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Andrew C Wu**

Mailing Address 8729 Valentine Ct

City State Zip Code  
Raleigh NC 27615-5830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

**Transaction ID : C2761452**

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 133 OF 161

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Clement Yang MD**

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.35

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

**Transaction ID : C2761889**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

## **B. Clement Yang MD**

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.35

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : C2782638**

Amount of Each Receipt this Period

23.07

Full Name (Last, First, Middle Initial)

## **C. Mark Ming-Yi Yeh**

Mailing Address 330 Cordova St Unit 311

City

Pasadena

State

CA

Zip Code

91101-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mark M. Yeh, M.D., Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761366**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 134 OF 161  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. David Carey Youmans**

Mailing Address 15 Bronson Way

City	State	Zip Code
Skillman	NJ	08558-1657

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Princeton Medical Center

 Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

Transaction ID : C2761852

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**B. Anthony V Zancanaro**

Mailing Address 11240 Towne Rd

City	State	Zip Code
Carmel	IN	46032-8721

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Information Requested

 Occupation  
 Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761626

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James H Zuger**

Mailing Address 6011 Bentway Dr

City	State	Zip Code
Charlotte	NC	28226-8052

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Charlotte Radiology PA

 Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

Transaction ID : C2761669

Amount of Each Receipt this Period

336.00

SUBTOTAL of Receipts This Page (optional)..... ►

1196.00

TOTAL This Period (last page this line number only)..... ►

125873.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 161

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. 21ST CENTURY MAJORITY FUND**

Mailing Address 6065 ROSWELL ROAD, #2274

City	State	Zip Code
ATLANTA	GA	30328

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : D159264**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Bank of America - Hard**

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261-7025

Purpose of Disbursement  
Bank fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : D159863**

Amount of Each Disbursement this Period

1014.67
---------

Full Name (Last, First, Middle Initial)

**C. BLUE DOG POLITICAL ACTION COMMITTEE**Mailing Address 6849 OLD DOMINION DRIVE  
SUITE 222

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : D158937**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6014.67
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 161

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. BOEHNER FOR SPEAKER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

Mailing Address 631-B PENNSYLVANIA AVE., SE  
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution to a Joint Fundraising Committee

Candidate Name

Category/  
Type

Transaction ID : D159265

Amount of Each Disbursement this Period

7500.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Full Name (Last, First, Middle Initial)

**B. Capito for West Virginia**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2014

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

Category/  
Type

Transaction ID : D159128

Amount of Each Disbursement this Period

2000.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 00

Full Name (Last, First, Middle Initial)

**C. THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

Mailing Address P.O. BOX 65314

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Category/  
Type

Transaction ID : D159271

Amount of Each Disbursement this Period

2500.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00
----------

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Radiology Association PAC

### A. Conservatives Restoring Excellence (CRE-PAC)

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '11' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : D158947

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## B. Conservatives Restoring Excellence (CRE-PAC)

Mailing Address PO BOX 98629

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : D158948

Purpose of Disbursement	Contribution to a Leadership PAC

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 EAST MAIN STREET, SUITE 200

Date of Disbursement



City	State	Zip Code
RICHMOND	VA	23219

Transaction ID : D159789

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional).....

5500.00

**TOTAL** This Period (last page this line number only).....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Radiology Association PAC

### A. Friends of Bob Johnson

Mailing Address PO Box 16401

City	State	Zip Code
Savannah	GA	31416-3101

Purpose of Disbursement	Contribution to a Run Off Federal Campaign
-------------------------	--

Candidate Name

Bob Johnson

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

Runoff

Date of Disbursement

Transaction ID : D159131

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

### B. Fund for the Majority PAC

Mailing Address 600 Pennsylvania SE, Suite 210

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

06 / 24 / 2014

Transaction ID : D159263

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

### C. GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City	State	Zip Code
PEORIA	IL	61612

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D158908

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Radiology Association PAC

### A. Healthcare Freedom Fund

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : D158914

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

### B. Heart Doc PAC

Mailing Address 526 6th Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement	Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : D159262

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

### C. IMPACT

Mailing Address 509 MADISON AVE.  
SUITE 1902

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '24' with two squares above it. The third display shows '2014' with four squares above it. The displays are separated by slashes.

Transaction ID : D159258

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

13000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Radiology Association PAC

### A. JOHN S FUND

Category/  
Type

3000.00

State:  District:

**B. LEAD YOUR NATION NOW PAC (LYNN PAC)**

MM / DD / YYYY

Category/  
Type

2500.00

State:  District:

### C. LONE STAR LEADERSHIP PAC

Category/  
Type

Age Group	Number of People
0-14	~100
15-24	~150
25-34	~200
35-44	~250
45-54	~300
55-64	~350
65-74	~400
75-84	~450
85-94	~400
95-104	~350

State:  District:

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 161

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Mailing Address PO BOX 680063

City	State	Zip Code
FRANKLIN	TN	37068

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Category/  
Type**Transaction ID : D158943**

Amount of Each Disbursement this Period

1500.00
---------

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Mailing Address PO BOX 680063

City	State	Zip Code
FRANKLIN	TN	37068

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Category/  
Type**Transaction ID : D158932**

Amount of Each Disbursement this Period

2500.00
---------

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. NEW PIONEERS PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Category/  
Type**Transaction ID : D158901**

Amount of Each Disbursement this Period

5000.00
---------

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Radiology Association PAC

### A. NEXT CENTURY FUND

Category/  
Type

4000.00

State:  District:

## B. NEXT CENTURY FUND

MM / DD / YYYY

Category/  
Type

1000.00

State:  District:

### C. ORRINPAC

Category/  
Type

Age group	Number of people
0-14	~100
15-24	~150
25-34	~200
35-44	~250
45-54	~300
55-64	~350
65-74	-1000.00
75-84	~400
85-94	~450
95-104	~500

State:  District:

4000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. ORRINPAC**

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159788**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. SCHOCK FOR CONGRESS**

Mailing Address PO BOX 10555

City	State	Zip Code
PEORIA	IL	61612

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Aaron Schock**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : D158909**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. ANDY BARR FOR CONGRESS, INC.**

Mailing Address PO BOX 2059

City	State	Zip Code
LEXINGTON	KY	40588

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Andy Barr**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : D158934**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 604

City	State	Zip Code
BEL AIR	MD	21014

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Andy Harris**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : D158924**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City	State	Zip Code
BALLWIN	MO	63022

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Ann L. Wagner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : D159433**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Ben Ray Lujan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : D158940**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City BRYAN	State TX	Zip Code 77805
---------------	-------------	-------------------

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Bill Flores**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : D159259**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City BRYAN	State TX	Zip Code 77805
---------------	-------------	-------------------

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Bill Flores**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158927**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. PASCRELL FOR CONGRESS**

Mailing Address PO Box 100

City Teaneck	State NJ	Zip Code 07666-0100
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Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Bill Pascrell Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : D159268**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Brett Guthrie**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158925**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address BOX 137

City	State	Zip Code
SPOKANE	WA	99210

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Cathy McMorris Rodgers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158919**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO BOX 80126

City	State	Zip Code
LAFAYETTE	LA	70598

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Charles W. Boustany Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158939**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City	State	Zip Code
ALLENTOWN	PA	18105

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Charlie Dent**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : D159266**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CHRIS GIBSON FOR CONGRESS**

Mailing Address PO BOX 234

City	State	Zip Code
SARATOGA SPRINGS	NY	12866

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Chris Gibson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : D159256**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MCKINLEY FOR CONGRESS**

Mailing Address PO BOX 642

City	State	Zip Code
MORGANTOWN	WV	26507

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. David B. McKinley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158920**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City  
VISALIAState  
CAZip Code  
93290Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Devin Nunes**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : D158918**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City  
GALLATINState  
TNZip Code  
37066Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Diane Black**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : D158933**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City  
SACRAMENTOState  
CAZip Code  
95812Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Doris Matsui**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : D159270**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. BOX 44369

City	State	Zip Code
EDEN PRAIRIE	MN	55344

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158916**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. WALDEN FOR CONGRESS**

Mailing Address PO BOX 1091

City	State	Zip Code
HOOD RIVER	OR	97031

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Greg Walden**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158902**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. JAIME FOR CONGRESS**

Mailing Address PO BOX 1614

City	State	Zip Code
Ridgefield	WA	98642

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Jaime Herrera Beutler**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158946**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City	State	Zip Code
UNIONVILLE	PA	19375

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Joe Pitts**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158938**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address PO BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Kevin Brady**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158931**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. YODER FOR CONGRESS, INC**

Mailing Address PO BOX 26742

City	State	Zip Code
OVERLAND PARK	KS	66225

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Kevin Yoder**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158935**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. BUCSHON FOR CONGRESS**

Mailing Address PO BOX 250

City NEWBURGH	State IN	Zip Code 47629
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Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Larry Bucshon**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158929**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City TOPEKA	State KS	Zip Code 66601
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Lynn Jenkins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158923**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. WESTMORELAND FOR CONGRESS**

Mailing Address P.O. BOX 458

City SHARPSBURG	State GA	Zip Code 30277
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Lynn Westmoreland**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158900**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 161

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

**A. SANFORD FOR CONGRESS**

Mailing Address P. O. BOX 160

City	State	Zip Code
SULLIVANS ISLAND	SC	29482

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

Rep. Mark Sanford

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Transaction ID : D158911

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. MARTHA ROBY FOR CONGRESS**

Mailing Address PO BOX 195

City	State	Zip Code
MONTGOMERY	AL	36101

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

Rep. Martha Roby

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Transaction ID : D158915

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MICHELLE**

Mailing Address P.O. BOX 25422

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

Rep. Michelle Lujan Grisham

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

Transaction ID : D159269

Amount of Each Disbursement this Period

1500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 161

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City  
LYNDORAState  
PAZip Code  
16045Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Mike Kelly**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158921**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PAUL GOSAR FOR CONGRESS**

Mailing Address PO BOX 2967

City  
PRESCOTTState  
AZZip Code  
86302Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Paul R. Gosar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158926**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City  
SUGAR LANDState  
TXZip Code  
77496Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Pete Olson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158917**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. PETE SESSIONS FOR CONGRESS**

Mailing Address PO BOX 823047

City	State	Zip Code
DALLAS	TX	75382

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Pete Sessions**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158907**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 713

City	State	Zip Code
WHEATON	IL	60187

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Peter Roskam**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158912**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**C. WELCH FOR CONGRESS**

Mailing Address PO Box 1682

City	State	Zip Code
Burlington	VT	05402-1682

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Peter Welch**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : D159260**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 161

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. STEVE FINCHER FOR CONGRESS**

Mailing Address PO BOX 11153

City  
JACKSONState  
TNZip Code  
38308Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Stephen Fincher**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158928**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City  
JEFFERSONState  
LAZip Code  
70183Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Steve Scalise**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158910**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

City  
LYNN HAVENState  
FLZip Code  
32444Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Steve Southerland II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158905**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

City	State	Zip Code
LYNN HAVEN	FL	32444

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Steve Southerland II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : D159267**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City	State	Zip Code
COLUMBUS	OH	43220

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Steve Stivers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158942**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City	State	Zip Code
COLUMBUS	OH	43220

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Steve Stivers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158904**

Amount of Each Disbursement this Period

3500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 161

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET

City	State	Zip Code
INDIANAPOLIS	IN	46260

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Susan W. Brooks**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158930**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET

City	State	Zip Code
INDIANAPOLIS	IN	46260

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Susan W. Brooks**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158949**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

City	State	Zip Code
BLOOMINGTON	IN	47402

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Todd Young**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : D158899**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American College of Radiology Association PAC

## A. THE BILL KEATING COMMITTEE

Three 16-pin D-sub connectors are shown, each with a different pin number: 06, 24, and 2014. The connectors are arranged horizontally, separated by slashes. Each connector has a label above it indicating the pin number: 'M M' for 06, 'D D' for 24, and 'Y Y Y Y' for 2014.

Transaction ID : D159261

Amount of Each Disbursement this Period

2500.00

State: MA District: 09

**B. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Date of Disbursement

Three 16x16 LED displays are shown, each with a 4x4 grid of segments. The first display shows '06', the second shows '11', and the third shows '2014'. Each display has a small 'M' or 'D' or 'Y' label above it, indicating the month, day, or year respectively.

Transaction ID : D158913

Amount of Each Disbursement this Period

5000.00

State:  District:

### C. FRIENDS OF MARK WARNER

Date of Disbursement

Transaction ID : D158941

Amount of Each Disbursement this Period

2000.00

State: VA District:

9500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 161

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2014

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Category/  
Type**Transaction ID : D158903**

Amount of Each Disbursement this Period

5000.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

**TOTAL** This Period (last page this line number only)..... ►

177514.67



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 161 OF 161  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American College of Radiology Association PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00343459		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Majority Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 135 Professional Drive, Suite 104			Amount <span style="border: 1px solid black; padding: 2px;">22915.56</span>		
City Ponte Vedra Beach		State FL	Zip Code 32082		Transaction ID : <b>D158617</b>
Purpose of Expenditure Printed advertising for mailing		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Rep. Eric Cantor			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">22915.56</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span>		
Mailing Address			Amount <span style="border: 1px solid black; padding: 2px;"></span>		
City		State	Zip Code		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span>
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;">22915.56</span>					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
<b>(c) TOTAL</b> Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;">22915.56</span>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Richard Taxin MD</u>			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>